

**Office of Senator Lisa Murkowski**  
**510 L. Street, Suite 600**  
**Anchorage, Alaska 99501-1956**  
**Privacy Act Release Form**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dear Senator Lisa Murkowski:

I request your assistance in resolving the problem I am having with (agency) \_\_\_\_\_

Give highlights, necessary dates and locations. Attach second sheet if necessary.

Staff Member Assisting: \_\_\_\_\_ Office: \_\_\_\_\_

Casework Record Number: \_\_\_\_\_

**WAIVER OF PRIVACY**

*I hereby give my permission to members of the Alaska Congressional Delegation  
to obtain any records pertinent to settle my problem.*

\_\_\_\_\_  
Signature